

INSTRUCTIONS FOR COMPLETING THE DCS CITRIX/MOSES REQUEST FORM

DCS CITRIX/MOSES REQUEST FORM			
CITRIX ONLY <input type="checkbox"/> 1		CITRIX AND MOSES <input type="checkbox"/> 2	MOSES ONLY <input type="checkbox"/> 3
4 <input type="checkbox"/> New User			
5 <input type="checkbox"/> Change CITRIX Configuration			
6 <input type="checkbox"/> Reactivate MOSES User			
7 <input type="checkbox"/> MOSES Change Request			
8 <input type="checkbox"/> Terminate Access on Date: _____			
CITRIX Profile		ENTER CURRENT MOSES ID15	
9 <input type="checkbox"/> EOLWD		_____	
10 <input type="checkbox"/> Non- EOLWD		16 <input type="checkbox"/> Request New MOSES ID	
11 <input type="checkbox"/> Non-State Employee: 12 <input type="checkbox"/> Profile 1 13 <input type="checkbox"/> Profile 2 14 <input type="checkbox"/> Profile 3			
EOLWD EMPLOYER		26Attended MOSES 101 <input type="checkbox"/> Yes <input type="checkbox"/> No	
17 <input type="checkbox"/> DCS 18 <input type="checkbox"/> DUA 19 <input type="checkbox"/> EOLWD		27Schedule for MOSES 101 <input type="checkbox"/> Yes <input type="checkbox"/> No	
20 <input type="checkbox"/> Other Specify: _____		Date: _____	
Non-EOLWD EMPLOYER		28Veteran Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No	
21 <input type="checkbox"/> OSCC 22 <input type="checkbox"/> CBO 23 <input type="checkbox"/> DTA 24 <input type="checkbox"/> WDB			
25 <input type="checkbox"/> Other Specify: _____			
29Description & Justification for MOSES/CITRIX Change(s):			
30First Name:		Last Name:	
Position/Title:			
Hire Date (New Hire):		Non-State Email Address:	
		State (MASSMAIL) Address:	
31Primary Office/Location Name:		Phone:	
Street Address:			
City:		State:	
		ZIP Code:	
32Secondary Office(s) (if appropriate):			
33Signature of Employee:		Date:	
34DIRECTOR/MANAGER APPROVAL INFORMATION			
Print Name of Approving Manager:		Title:	
Email:		Phone:	
35Signature:		Date:	
36THE FOLLOWING SIGNED DOCUMENTS MUST BE MAINTAINED AT THE EMPLOYING OFFICE AND UPDATED ANNUALLY AND BE AVAILABLE FOR REVIEW BY INTERNAL CONTROL AND DCS FIELD MANAGEMENT OFFICE			
<ul style="list-style-type: none"><li>EOLWD ITR Policy (located at mass.gov/massworkforce)</li><li>EOLWD Confidentiality Policy EOLWD (located at mass.gov/massworkforce)</li><li>EOLWD Confidentiality Policy Non-EOLWD (located at mass.gov/massworkforce)</li><li>EOLWD Remote Access Acceptable Use Policy (located at mass.gov/massworkforce)</li></ul>			
37Policies are available at: <a href="http://www.mass.gov/massworkforce/resources/citrix-project/">http://www.mass.gov/massworkforce/resources/citrix-project/</a>			
38SUBMIT REQUESTS AS PDF VIA EMAIL TO: <a href="mailto:dcscitrix@detma.org">dcscitrix@detma.org</a>			

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39Attachment to MassWorkforce Policy 100 DCS 02.101.1

## INSTRUCTIONS FOR COMPLETING THE DCS CITRIX/MOSES REQUEST FORM

The DCS CITRIX/MOSES REQUEST FORM is to be submitted for any new action related to either Citrix, MOSES, or both. This could include: setting up a new staff person for a MOSES and Citrix account; requesting MOSES 101 Training; terminating access when a staff person is leaving/quit; reactivating a MOSES user who has not signed into MOSES for 90 days; terminating access for an employee relocating to another career center and reactivating them in the new location; requesting a security level change for an employee; and other actions related to access or permissions on MOSES and Citrix.

ITEM/ #	WHEN TO USE	WHAT TO ENTER
1	Request relates to Citrix only	Check box
2	Request relates to both Citrix and MOSES	Check box
3	Request relates to MOSES Only	Check box
4	Identify a New MOSES or Citrix User	Check box if the individual is a new user to MOSES or Citrix
5	Change Citrix configuration	Check box if requesting a new Profile for a MOSES/Citrix user
6	Reactivating a MOSES User	<ul style="list-style-type: none"> <li>Check box if requesting that an Inactive MOSES user be reactivated.</li> <li>Provide an explanation in the Description &amp; Justification box.</li> </ul>
7	Requesting change for a MOSES user's access, status or permissions	<ul style="list-style-type: none"> <li>Check box if requesting a change in permissions or access rights to MOSES or Citrix.</li> <li>Provide an explanation in the Description &amp; Justification box.</li> </ul>
8	Providing date to Terminate access for a MOSES/Citrix user	<ul style="list-style-type: none"> <li>Provide date on which the MOSES user's access is to be terminated.</li> <li>Directors/managers are responsible to ensure that Notification is made for all users who are leaving employment before or on the last date of employment.</li> <li>Provide an explanation in the Description &amp; Justification box.</li> </ul>
9/10	Requesting Citrix for a State Employee	<ul style="list-style-type: none"> <li>Check the EOLWD box if the state employee is employed by an agency within the Executive Office of Labor and Workforce Development</li> <li>Check the Non-EOLWD box if the state employee is not employed by an EOLWD state agency (e.g., DTA is not an EOLWD agency)</li> </ul>
11	Requesting Citrix for a non-State Employee	Check box if the employee does not work for a State agency
12	Requesting Citrix Profile 1	MOSES, Word are provided with Citrix Profile 1
13	Requesting Citrix Profile 2	MOSES, Word and Report Viewer are provided with Citrix Profile 2
14	Requesting Citrix Profile 3	MOSES, Word, Report Viewer Pro, Excel, Access, Crystal Reports are provided with Profile 3
15	Provide MOSES ID Number	Enter the MOSES ID if the employee has or had one
16	Requesting a MOSES ID	Check box if the employee does not have a MOSES ID
17	Agency employer for EOLWD employee	Check DCS if Department of Career Services
18	Agency employer for EOLWD employee	Check DUA if Department of Unemployment Assistance
19	Agency employer for EOLWD employee	Check EOLWD if Executive Office of Labor and Workforce Development
20	Agency employer for EOLWD employee	Check of Other EOLWD and specify agency e.g., DAS, CommCorp
21	Agency employer for non-EOLWD employee	Check OSCC if an employee of a One Stop Career Center operator.
22	Agency employer for non-EOLWD employee	Check CBO if a local Community Based Organization e.g.,
23	Agency employer for non-EOLWD employee	Check DTA if Department of Transitional Assistance
24	Agency employer for non-EOLWD employee	Check WDB if a local Workforce Development Board
25	Agency employer for non-EOLWD employee	Check Other non-EOLWD, e.g., MRC, ACLS, MCB
26	Attended MOSES 101	Check box yes or no
27	Schedule for MOSES 101	<ul style="list-style-type: none"> <li>New MOSES users must attend MOSES 101</li> <li>Check box Yes if the employee needs to be scheduled for MOSES 101</li> <li>Check box No if the employee is scheduled to attend MOSES 101. Provide the date of training (if available)</li> </ul>
28	Veterans Representative	Check box yes or no if the employee is a veterans representative (DVOP)
29	Description & Justification	MUST Provide a description & justification for any MOSES change request
30	Employee Information Boxes	Enter the employee name position/title; hire date if a new hire; email address
31	Primary Office/Employer	Enter the employee's primary office name and phone number and address
32	Secondary Office	If the employee will also work out of another office or requires MOSES access to another office enter the requested information
33	Signature of Employee	The Employee must sign and date the form
34	Director/Manger Approval	The Director, Senior Manager or DCS Operations Manager must sign the form and provide the requested contact information
35	Signature	The individual requesting/approving must sign and data the form.
36	Policy Documents - Required	<p>The Director/Manager signing the form is responsible -</p> <p>For non-EOLWD Employees:</p> <ul style="list-style-type: none"> <li>for obtaining the employee's signature on the policy documents listed</li> <li>for ensuring the policies are updated annually</li> <li>for maintaining the policies on-site to be available for review</li> </ul> <p>For EOLWD Employees:</p> <ul style="list-style-type: none"> <li>for obtaining a copy of the annual policy review signature page</li> <li>for obtaining signature on the Remote Acceptable Use Policy</li> <li>for maintaining the policies on-site to be available for review</li> </ul>
37	Location of Policies	<a href="http://mass.gov/massworkforce/resources/citrix-project/">mass.gov/massworkforce/resources/citrix-project/</a>
38	Submit Form to email address	<a href="mailto:dcscitrix@detma.org">dcscitrix@detma.org</a>
39	MassWorkforce Policy Number	100 DCS 02.101.1
	Date Updated	September 18, 2017